FORM-GBG

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

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| | uest, or Grant information |
| | by a department or |
| accepted of the sta | I by the Governor on behalf ate |
| | For office use only |
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| State Training School | | |
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| Name of Department or Office 3211 Edgington Ave. | Eldon, IA, 30627 | 20,0 |
| Mailing Address 601-822/602 | . City, State, Zip Code | |
| Area Code & Telephone No. | | DEC |
| ONTACT PERSON FOR RECIPIENT DEP | ARTMENT OR OFFICE: | |
| Kristin Hagedon | | |
| Name 3211 Edgington Avg. | F1. | lon, IA, 50627 |
| Mailing Address (if different from above) | | Zip (if different from above) |
| ktagodo@dhs.com is us | Ama Cada | & Telephone Number (if different from above) |
| Email Address | VISB COLLS | t elephone Number (il dillerent ilon asove) |
| ONOR OF GIFT, BEQUEST, OR GRANT: | | |
| Wal Mart, Ms. Joyce Christiansen | | |
| Name | —————————————————————————————————————— | |
| 840 S. Oak St. Iowa | Falls, IA 50126 | |
| Mailing Address City, St | ete, Zip Code 12/4/1(| °\$ 110.00 |
| | Date of Gift | , Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | | fined as "fair market value" of item as determined by |
| Email Address (cotional) | receiving de | epartment or office. If no value mark "0.00". |
| Email Address (optional) | | |
| Provide a description of the gift, bequest, or gra | ant and purpose thereof: | |
| Cash donation for Boys Choir | | |
| | | |
| | | |
| Criteria to use this form: | | |
| Receipt of any gift, bequest, or grant that is rec | eived by any department of the state or recei | ved by the Governor on behalf of the state. |
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| latement of Affirmation: | | |
| Kristin Hagedon affirm that the gift | bequest, or grant reported above is accurate | . I further affirm that the information concerning the |
| onor and assessment of the fair market value (if | applicable) is correct and true to the best of n | ny knowledge. |
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| Waisting along | adam) | 15/7/15 |
| Trusun Aug | | 12/1/10 |
| Signature | | Date , |
| | | |
| Signature 72 72 | 1 - | 12/7/10 Date 12/7/10 |

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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| DEPARTMENT | | | |
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| State Training School | n | | 0 |
|---|--|----------|---------------------------------------|
| Name of Department or Office 3211 Edgington Ave. | Eldors, IA, 50627 | | |
| Mailing Address 641-858-6402 | City, State, Zip Code | | |
| Area Code & Telephone No. | | - | ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |
| CONTACT PERSON FOR RECIPIEN | T DEPARTMENT OR OFFICE: | | = |
| Kristin Hagedon | | | ٦ |
| Name 3211 E4gizgan Ave. | Eldom, IA, 50627 | <u> </u> | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) | | |
| khagedo@dhs.state.ia.us | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | _ |

DONOR OF GIFT, BEQUEST, OR GRANT:

| Wal Mart, Ms. Joyce Ch | ristiansen | | | |
|------------------------------|------------------------------|---|--|--|
| Name | | | | |
| 840 S. Oak St. | Iowa Falls, <u>I</u> A 50126 | | | |
| Mailing Address | City, State, Zip Code | 12/4/10 | ·\$ 110.00 | |
| | | Date of Gift, Bequest, | , or Grant Amount/Value* | |
| Area Code & Telephone Number | | "value is defined as "I receiving department | "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". | |
| Email Address (optional) | | | | |

Provide a description of the gift, bequest, or grant end purpose thereof;

Cash donation for Boys Choir

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Kristin Hagedon affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Fristin Hagedon
Signature

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